

FS-007 (REV 11/00)

THIS FORM MUST BE RETURNED TO:		DELINQUENT if not paid on the 1st day of the 3rd month following the end of the above month.	
<input type="checkbox"/> Check Payments	<input type="checkbox"/> Electronic Funds Transfer	OR	<input type="checkbox"/> Payment Voucher Only
Mail to: State of California Department of Insurance Tax Accounting Unit P.O. Box 1918 Sacramento, CA 95812-1918	Mail to: State of California Department of Insurance Tax Accounting Unit 300 Capitol Mall, Suite 1300 Sacramento, CA 95814		
I certify under penalty of perjury under the laws of the State of California that this is a true and correct declaration.			
Signature of Broker or Officer _____		Date _____	
Company Name and Address _____			
Surplus Line License No. _____		Telephone No. _____	

TAXABLE NONADMITTED PREMIUMS ON POLICIES
CERTIFICATES AND ENDORSEMENTS TRANSACTED
BY THIS BROKER

For the MONTH of _____ 20____

1. GROSS Premiums	\$ _____
2. Deduct: RETURN Premiums	_____
3. NET TAXABLE Premiums	\$ _____
4. Tax Rate	3%
5. TAX DUE this Month	\$ _____
6. Credit:For prior month Overpayment	_____
7. Net amount DUE	\$ _____

Every Surplus Line Broker whose annual tax for the preceding calendar year was five thousand dollars (\$5,000) or more is required to make monthly payments to the current calendar year.

The amount of the payment shall be 3% of the taxable surplus line premiums transacted by the broker during the calendar month with exceptions as specified in Section 1775.1 of the Insurance Code (added by statutes in 1994).

A penalty of 10% of the amount of the payment due shall be levied upon and paid by any Surplus Line Broker who fails to make any payment within the time required plus interest of one percent per month or fraction thereof from the due date until the date of payment. [Section 1775.3 and 1775.4 (e)].

- * If your tax liability last year was \$5,000 but was less than \$20,000 and wish to pay by Check, complete this form.
Make check payable to:
CONTROLLER-STATE OF CALIFORNIA
- * If you are mandated or have voluntarily elected to pay by Electronic Funds Transfer (EFT), you must use EFT method of payment.
You are still required to submit this Form.
- * Net Taxable Premiums for the months shown on this form should be the **actual taxable premiums transacted during the month.**
- * Delinquent if not paid on or before the first day of the third calendar month following the end of the month in which the business was transacted.

PENALTY AND INTEREST MAY BE ASSESSED ON DELINQUENT PAYMENTS